

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED DEC 9 - 1957

## STANDARD CERTIFICATE OF DEATH

41728

STATE FILE NUMBER

NUMBER **11008**

Registration District No. \_\_\_\_\_

318

Primary Registration District No. \_\_\_\_\_

No. 1003

Register No.

1. PLACE OF DEATH a. COUNTY										2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>																																							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis, Missouri</u>										Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>					c. CITY OR TOWN <u>St. Louis</u> <u>4000</u>					Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>																													
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <u>BARNES HOSPITAL</u>										Length of stay in lb										d. STREET ADDRESS <u>#35 Lincord Dr.</u> (If outside, give location)										Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>																			
3. NAME OF DECEASED (Type or print)										First <u>EUNICE</u> Middle <u>WILHITE</u> Last <u>BEASLEY</u>										4. DATE OF DEATH Month <u>November</u> Day <u>17</u> Year <u>1957</u>																													
5. SEX <u>Female</u>					6. COLOR OR RACE <u>White</u>					7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>					8. DATE OF BIRTH <u>Dec. 26, 1906</u>					9. AGE (In years last birthday) <u>50</u>					IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>					IF UNDER 24 HRS. Hours <u>  </u> Min. <u>  </u>																			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>										10b. KIND OF BUSINESS OR INDUSTRY										11. BIRTHPLACE (City and state or country) <u>Browning, Mo</u>										12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>																			
13. FATHER'S NAME <u>George E. Wilhite</u>										14. MOTHER'S MAIDEN NAME <u>Rebecca Bell</u>										15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> <u>World War #2</u>										16. SOCIAL SECURITY NO.										17. INFORMANT <u>#35 Lincord Drive</u> <u>Dr. Charles H. Beasley</u>									
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute lymphocytic leukemia</u>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>  </u> DUE TO (c) <u>2040</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)										INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>										19. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																													
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>										20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)										20c. TIME OF INJURY Hour <u>  </u> Month, Day, Year <u>  </u> a. m. <u>  </u> p. m. <u>  </u>																													
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>										20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)										20f. CITY, TOWN, OR LOCATION <u>  </u> COUNTY <u>  </u> STATE <u>  </u>																													
21. I attended the deceased from <u>10/25/57</u> to <u>11/17/57</u> and last saw her <u>alive</u> on <u>11/17/57</u> Death occurred at <u>2:15 a.m.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.										22a. SIGNATURE <u>F.R. Bradley</u> (Degree or title) <u>F.R. Bradley</u> M.D.										22b. ADDRESS <u>BARNES HOSPITAL</u>										22c. DATE SIGNED <u>11/17/57</u>																			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>										23b. DATE <u>11-19-57</u>										23c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>										23d. LOCATION (City, town, or county) (State) <u>Jefferson Barnesacks Mo.</u>																			
24. FUNERAL DIRECTOR <u>Kriegshauser</u>										ADDRESS <u>4228 S. Kingshighway</u>										25. DATE RECD. BY LOCAL REG. <u>NOV 18 57</u>										26. REGISTRAR'S SIGNATURE <u>Carl Smith</u>																			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Richard W. Stover

Licensed Embalmer No. 40

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.